

MSA Services Panel

Presented by

Army, Navy and Air Force Program Managers

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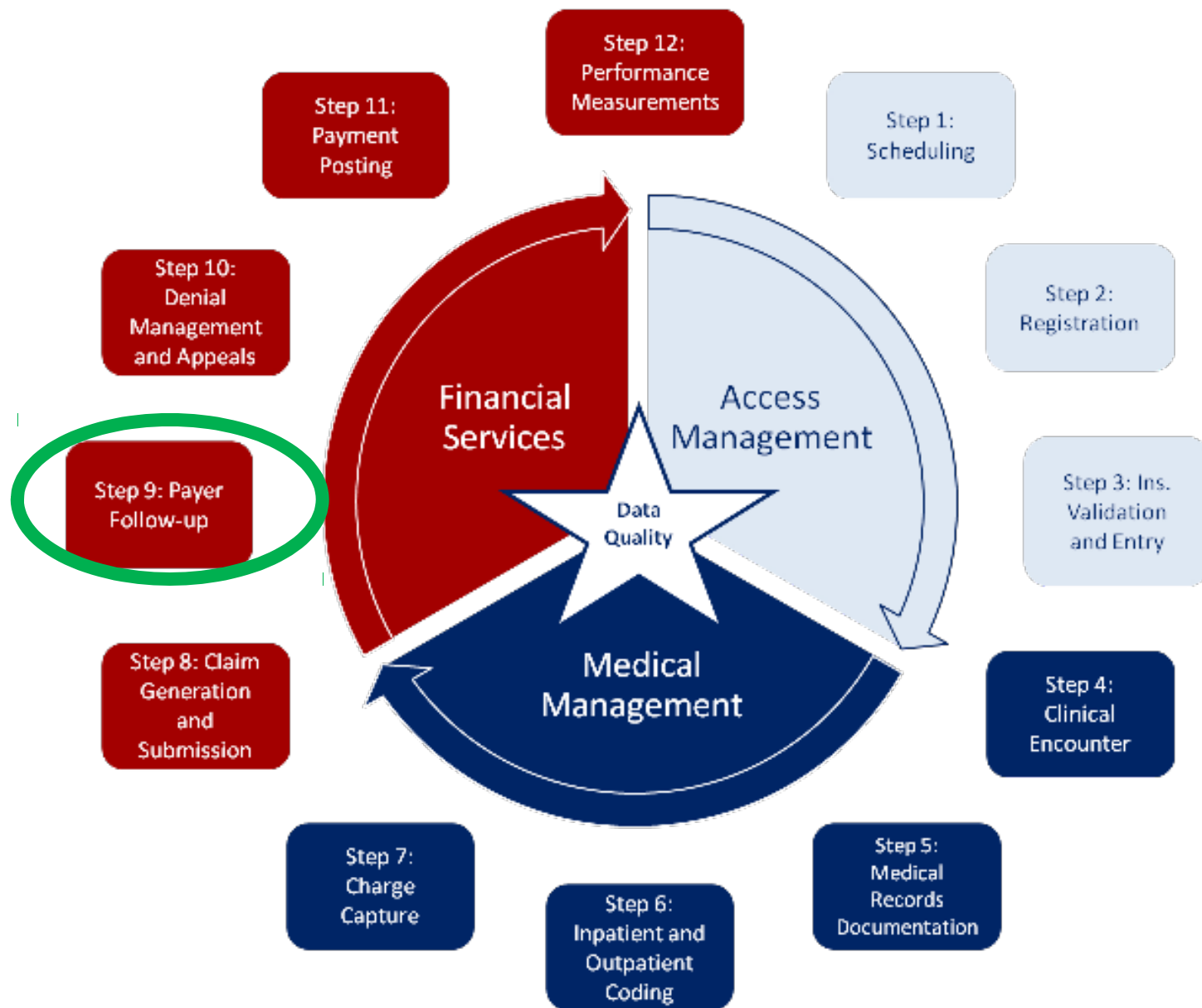
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- MHS Revenue Cycle
 - Payer follow-up
- Delinquent out-of-service (public) debt process
 - FedDebt/Cross-Servicing
 - In FValidating debt prior to reporting to FedDebt
 - Effects of FedDebt reporting on debtors
 - Effects of incorrectly reporting debt to FedDebt
 - Tracking payments edDebt
- Collections Information Repository (CIR)
 - Matching vouchers to specific collection processes
 - FedDebt
 - Electronic Funds Transfers (EFT)



- Initial MSA Invoice and Receipt (I&R)/Claim submission
 - Individual debtor notification when submitting claim to insurance company on behalf of the patient
- Delinquent Letter
 - 30 days for individual debtor
 - Actions when the debtor has health insurance
- Demand letter
 - When insurance company does not pay
 - When individual debtor fails to adhere to delinquent letter
- Installment agreement option
 - Failure to pay in accordance with the installment agreement must result in FedDebt reporting

- Debt validation
 - MTF UBO must ensure that public delinquent debt is valid prior to reporting to FedDebt
 - UBO debt validation checklist
- FedDebt Collections Efforts
 - Public Collection Agencies
 - Credit Bureau Reporting
- FedDebt Reports
 - FedDebt Creditor Agency (CA) Financial Supervisor View
 - Financials
 - Adhoc Financial Activity Detail Report
 - PA & Debt Res
 - Return to Agency (RTA) Report
 - Proof of Debt (POD) Report
 - Disputes Report

- Contains deposit voucher information for:
 - EFT payments
 - FedDebt payments
 - Plastic card payments
- Voucher composition
 - May contain one or multiple transactions from one or more payers
- Access to CIR
 - Treasuryinitiatives@dfas.mil
 - Contact your Service UBO Manager for assistance with CIR

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- What is required / What is optional
- What happens when a debt is not paid
- Using the DD Form 7 / 7A
- Billing the VA and Medicare
- On the horizon

- 10 USC 1079b directs the Secretary of Defense to implement procedures to charge civilians for the cost of healthcare delivered in MTFs
 - SecDef implements those procedures thru the DHA UBO
- 32 CFR 108 directs that when healthcare is provided to non-beneficiaries, it shall be on a reimbursable basis, unless reimbursement is waived by the CFR, Under Secretary of Defense (Personnel and Readiness) or the Secretary of the Military Department
 - Absent a letter from SecNav, neither BUMED, the Region or even the MTF Commander have the authority to waive any valid charge
- A person's beneficiary status is determined by reviewing his/her DEERS information. The use of DEERS is mandated by DoDI 1000.13 (ID Cards) and DoDI 1341.2 (DEERS Procedures)
- In short – if a patient does not have eligibility as per the CFRs, 1000.13/1341.2, or possess a Secretarial letter – then he/she¹⁰

- The first requirement of the UBO is to produce true/correct bills (as per the previous slide)
- The second requirement is to properly collect payments on those bills. Collection channels include:
 - OTCNet Deposit Processing (cash taken to a local TGA bank)
 - OTCNet Check Processing (paper checks scanned/uploaded to Treasury)
 - Pay.gov Credit Card (processed in the UBO, or by the patient by going to the MTF's payment page at Pay.gov)
 - Pay.gov ACH/debit (processed similar to credit cards)
 - Card Acquiring Service (credit cards swiped thru a reader – normally in the galley)
 - Credit Gateway (EFT to the MTF's Credit Gateway acct with the FRB)
 - IPAC (for intra-Governmental payments)

All of the above collections are visible to the UBO in DFAS' CHOOSE system (Cash Handling Online Operator Search Engine). Except for IPAC payments, all are visible in the CIR (Collections Information Repository)

- All Navy MTFs have an OTCNet Deposit Processing TGA bank, and all have a scanner for OTCNet Check Processing. Unless their scanner is broken, MTFs should be scanning all paper checks (for auditability reasons)
 - MTFs are highly encouraged to procure a second scanner, as a backup
- All Navy MTFs have a Credit Gateway acct. Credit Gateway replaces paper/mailed checks. Payers able to pay via Credit Gateway/EFT:
 - US Treasury (FedDebt, VA payments) (100% of MTFs get FedDebt payments this way)
 - AETNA (100% of Navy MTFs get AETNA payments this way)
 - Coventry (MailHandlers, Foreign Service Benefit Plan, others)
 - United Healthcare
 - CIGNA
 - Many local BC/BS plans (although not all offer this)
 - and more ...
- Many Navy MTFs have Pay.gov accounts. MTFs should advertise this feature (especially the Pay.gov-hosted payment page) to their debtors
 - All MTFs with public galleys should obtain a Card Acquiring Services acct and accept galley credit card payments ... credit cards greatly reduce cash on hand and need for change funds

- The final requirement concerns MSA accounts that are unpaid ... this is governed by 31 USC 3711 and 31 CFR 900-904 (Debt Collection Improvement Act)
- 31 USC 3711 mandates that all unpaid debt must be transferred to Treasury not later than reaching 180 days of delinquency.
 - A debt is considered delinquent if the balance is unpaid, and the debt has not been placed onto a payment plan
 - The DoD FMR allows MTFs to establish payment plans for periods ranging up to 3 years (measured from the day the debt was confirmed)
- Delinquency dates are measured from the day the debt is confirmed
 - A debt is normally confirmed when the MSA staff reviews/verifies the invoice that generates from CHCS
 - MTFs may submit the invoice to the patient's insurer; however, the debt is nonetheless confirmed to the patient/debtor, vice to the insurer
- All Navy MTFs have FedDebt profiles, and should be using FedDebt as the method of transferring debts to Treasury; do not submit debts to the DEAS DCMO

- FedDebt is simple and easy to use. FedDebt works thru a web browser interface
 - FedDebt does not require the MTF to upload invoices (unless the debtor disputes the debt). It typically takes about 5-10 minutes to upload a debt to FedDebt
 - FedDebt accepts debts as low as \$25 (or as low as \$100 for debtors without SSNs)
 - Write-off/close-out: For delinquent debts less than \$25 (\$100 without an SSN), MTFs should cite 31 CFR 902.2(a)(3), and write-off/close-out the debt without further action (further collection actions are not cost effective)
 - DFAS/FMR \$225 limit: The Navy Medicine position is that the \$225 FMR write-off limit only applies to those DoD Activities that do not have access to FedDebt. Activities with access to FedDebt should instead use the \$25 limit
 - In any case, the limit (\$25, \$100 or \$225) is not a ‘CO-approved free healthcare’ provision ...
 - Cease *all* collection efforts once a debt is uploaded
- All FedDebt proceeds go back to the MTF via its Credit Gateway acct. MTFs need to credit interest/penalties back to the general Treasury

- There are many MSA functions that are optional, not required, or should not be offered. This includes:
 - Skip tracing/address verification. Neither USC/CFRs/FMR require that the DoD Activity verify the correct address prior to confirming a bill and/or uploading that bill to Treasury
 - One of the features that FedDebt offers is address skip tracing ...
 - Certified/Registered mail. Never required; even when used, Certified Mail is only minimally effective
 - Insurance filing. When performed, patients/debtors should be informed that this is a service that is offered on a time/resource-available basis, and that the MTF is not responsible for claims that do not arrive at the insurer, or are not processed to the satisfaction of the patient
 - Do not hold off on confirming the debt to the patient for the purpose of insurance filing. ‘Delayed billing to the patient’ practices puts the Govt at financial risk (when insurance filing windows close)
 - Maintaining a cash change fund. Even in those instances where a debtor does not have a US bank account, consider mandating exact change, or having the debtor pay by using the MTFs OTCNet

- The PatCat table is written in such a way that not all pay patient encounters will generate an invoice. Depending on the PatCats that your MTF uses, some encounters will appear on the DD Forms 7 / 7A. This requires:
 - All MTFs must fully review their DD Forms 7 / 7A each month, regardless. For items appearing under the NOAA and PHS sections, you should prepare an SF 1080 IAB (as per the BUMED Inter-Agency Billing (IAB) SOP) for these Agencies.
 - If your MTF has a Resource Sharing Agreement (RSA) with a partner VA Medical Center, prepare an IAB for the items appearing in the VA section of the 7/7A
 - Even though USCG gets billed thru the DoD-USCG IAA process, review the USCG portion of the 7/7A, nonetheless. PAD/Front Desk frequently mis-register non-USCG patients into USCG PatCats
 - For all encounters that do not get billed to NOAA/PHS/VA (thru an RSA), prepare manual invoices for these patients ... don't choose to do nothing and allow them to receive free/unreimbursed healthcare
- As a permanent solution (to the issue of non-IAB pay patients appearing on the 7/7A) – discuss with your PAD other PatCats available that will generate an invoice. Don't accept continued appearances of private party pay patients on the DD Form 7 / 7A.

- The only instance where you should be billing the VA (as the financially responsible party) is when your MTF has an approved RSA in place with a VAMC. There are no RSAs in place outside of the U.S. RSAs are allowed by 38 USC 8111
 - RSAs are in place when the MTF and a partner VAMC decide to share resources for specific clinics/services. All RSA healthcare occurs only with a referral from the partner VAMC. These patients will normally be registered as a K61-1 (VA Beneficiary) or K61-2 (DoD/VA Resource Sharing Agreement)
 - All other healthcare provided to Veterans are billable to the patient at the full rate. Veterans who are treated outside of an RSA should be registered as a K92 or K99 and billed via an invoice
- The only instance where you should be billing Medicare is as a courtesy service to the patient; however, the debt should be confirmed to the patient
 - If your MTF wishes to enter into an agreement with Medicare/Medicaid, you are not allowed to have the agreement limit the right of DoD to pursue full payment of any remaining balance from the patient. While DoD has legislative authority to allow MTFs to alter its VA RSA rates, there are no such provisions for Medicare billing ...
- EMTALA (Emergency Medical Treatment and Active Labor Act). If your MTF is citing EMTALA (42 USC 1395dd) as the reason for treating non-beneficiary patients, note that EMTALA does not provide a waiving of¹⁷

- Expanded use of Credit Gateway. In keeping with the US Treasury goal of transitioning to an all-electronic Treasury (see TFM Bulletin 2011-09), Navy Medicine will continue to expand the use of Credit Gateway as an alternative to paper checks
- Pay.gov eBill. eBilling is a Treasury Pay.gov initiative that will allow an MTF to upload a bill to Pay.gov, and then further allow the debtor to download it. Debtors will even be allowed to waive subsequent mailings (and go 100% electronic)
 - BUMED is working to have eBilling added as a functionality to those MTFs using CHCS-alternate systems, and will also seek to add it as an ABACUS functionality
- Centralized Receivables Service (CRS). CRS is a separate Treasury initiative that will allow any MTF to load a bill coming from any system (CHCS/CHCS-alternate/ABACUS) thru a web browser portal direct to a Treasury-approved partner vendor. After upload of the debt, Treasury will perform full servicing of the debt, including mailing of the invoices, address skip tracing, posting of collections, establishment of payment plans, charging of interest/penalties and referral of unpaid balances to FedDebt

*Contact information for Air Force UBO MSA
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- Foreign Military Billing
- Inter-Agency Billing
- Delinquent Accounts Receivables
- FedDebt Overview
- FedDebt Process
- OTCnet Overview
- Questions?

➤ **MSA Officer /Clerk Responsibilities:**

- Run the DD7/7A from CHCS every month in a timely manner
- Review and prepare detailed report and SF 1080 to ensure no changes are required
- Maintain continuity information to ensure billing information and requirements are up to date

➤ **Flt CC/RA/UBO Manager Responsibilities:**

- Review DD7/7A detail report and SF1080 for consistency and mathematical accuracy
- Sign the SF1080 and each page of DD7/7A as certifying official

➤ Clean Bill Requirements

- Detailed report (DD7/7A) and SF1080 must match
- Appropriate Accounting Classification information
- Only one Fiscal Year (FY) reflected on SF1080
- Finalized Package will consist of:
 - Detail Report DD7/7A
 - Sign each page of DD7/7A, certifying services
 - Annotate Sponsor Invitational Travel Order (ITO) number on each line of DD7/7A
 - Reviewed/signed by certifying official
 - SF1080
 - Review/signed by certifying official
- **Note: Certifying Official CANNOT be the same as the Preparer**

➤ Helpful Hints:

- Know who gets the bill and how you get your money
 - Billing information for military member and dependents are on the ITO
 - Air Force Security Assistance Center (AFSAC) and Air Force Security Assistance Training (AFSAT) pay your MTF directly
 - Embassy - pays by check or electronic method
 - Insurance company - need to get the bills to the Hub since encounters do not flow to TPOCS

- Effective 1 October 2012, the AF/SGY centrally bills the CG and PHS for inpatient, outpatient, and dental charges for FY13 forward
 - AF/SGY sends invoices to the respective MTFs
- Any CG and PHS charges prior to 1 October 2012 appearing on any DD7/7A remain the MTFs responsibility
- MTFs are required to bill the VA and NOAA
- Interagency reimbursements are deposited into the MTFs LoA using the appropriate Sales Code
 - CG – 86R
 - PH – 86U
 - NOAA – 86E
 - VA – 86M

- Conducting inter-agency billing
 - Run CHCS DD7/7A report on/after the 15th day of each month
 - Obtain dental billing information from the dental clinic
 - Annotate encounter information and cost on a spreadsheet in-lieu-of the DD7/7A
 - Validate PatCats to ensure accurate billing for each agency
 - Ensure invalid and different fiscal year charges on the DD7/7A are lined through and initialed
 - Sign each page of the DD7/7A
 - Create an SF 1080 for each agency and fiscal year
 - DO NOT cross fiscal years with any inter-agency billing
 - VA forms and procedures vary by location
 - If your MTF has an MOA or resource sharing agreement with your local VA medical facility, follow the guidance contained in the agreement for billable encounters and specific billing requirements

- Validate legitimacy of each invoice and receipt generated by CHCS
- According to the DoD FMR, billed amounts not paid within 30 days of the bill date are considered delinquent
- Send the initial bill and at least one demand letter to the patient
- If the billed amount is not paid within 90 days of the bill date or the patient has not made payment plan arrangements forward debt package for further collection/garnishment actions
- The most common debts and forwarding locations are as follows:

- | | | | |
|----------------------------------|---|--------------------------------|-----------------------|
| • Out-of-Service debt | ➔ | FedDebt | |
| • Active duty and family members | | | ➔ Base finance office |
| • Retired and family members | | DFAS - Retired Pay | |
| • Guard and Reserve | ➔ | Their servicing finance office | |
| • Civilian Employee | ➔ | Applicable personnel office | |

- Recently AF/SGY implemented FedDebt across the AFMS to provide more transparency into delinquent A/R collection efforts
- FedDebt is an online comprehensive debt management system allowing MTF UBO staff to upload delinquent claims directly into FedDebt with debts as low as \$25
- FedDebt will provide real-time visibility into the debt collection efforts and enable MTF personnel to expedite processing
- Currently the AFMS is using FedDebt for MSA out of service debts

- Step 1: Send initial bill to debtor with the due date
- Step 2: If no payment/payment plan is received by the due date, send a FedDebt demand letter to the debtor and allow 60 days for due process to occur
- Step 3: After 60 days if no payment is received, change the status of the debt in CHCS from “open” status to “transferred” status
- Step 4: Upload the debt into FedDebt
- Step 5: Validate reimbursements from FedDebt by running the Financial Activity Detail Report in FedDebt
- Step 6: Obtain SF-215 (deposit ticket) from the Collection Information Repository (CIR) within 72 hours
- Step 7: Post payment in CHCS
- Step 8: Prepare DD Form 1131 and take alongside SF-215 to the base finance office for posting in the AF accounting system

- OTCnet has been fully deployed to all AF MTFs
- Use of OTCnet is mandatory and all checks are expected to be scanned into the system for deposit into the Federal Reserve Bank in Cleveland OH
- Deposit batches in OTCnet must be closed within 24 hours
- “Closed” Deposit batches must be approved within 24 hours
- Upon approval of a batch, OTCnet will generate the SF-215 by the next business day
- The SF-215 must be taken to the base finance office alongside a DD Form 1131 for posting into the AF accounting system



Thank You

Questions?

**Additional questions may
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